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CONFIRMATION NO. 9507

<b>SERIAL NUMBER</b> 10/625,389	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> CE09360i
<b>APPLICANTS</b> Ajaykumar R. Idnani, Schaumburg, IL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/413,106 09/24/2002 * (*)Data provided by applicant is not consistent with PTO records. <i>Yes P.L.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None P.L.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and <i>Philip</i> Acknowledged <i>h</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 22917				
<b>TITLE</b> Method and apparatus for maintaining SIP contact addresses				
<b>FILING FEE RECEIVED</b> 834	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	